

STATE OF CONNECTICUT
Healthcare Innovation Steering Committee
Personnel Subcommittee

Special Meeting Summary
Wednesday, April 9, 2014

Members Present: Michael Michaud (Chair); Patricia Baker; Patrick Charmel; Suzanne Lagarde; Robert McLean

Members Absent: None

The meeting was called to order at 5:35 p.m.

Recommendations for changes in workgroup composition

There was a request to approve the minutes of the last subcommittee meeting before moving into more substantive discussions on the recommendations.

Motion to approve the minutes of the March 19, 2014 subcommittee meeting – Robert McLean; seconded by Suzanne Lagarde.

There was no discussion.

All voted in favor.

There was a request for clarification of the subcommittee's charge. The main order of business is to revisit the composition approved by the steering committee and to consider the recommendations made by various entities to change that composition. Thomas Woodruff, of the Office of the State Comptroller, Jeffrey Beadle, of the Consumer Advisory Board, and Dr. Thomas Raskauskas were asked to attend to provide input into the recommendations.

The steering committee recommended the general principle for workgroup composition of balance and proportionality. That recommendation did not preclude the ability to decide on a heavier weighting for one or another group depending on the purpose of the work group. A goal with the both the health plans and the state agencies was to include representatives with relevant authority and expertise. Additionally, the Program Management Office intends to bring in additional consultative support where areas of expertise may be missing.

Discussion began with the request from the physician community to expand their representation from three members to six. The physician recommendation is the result of concern that existing quality metrics are wide ranging and vary from specialty to specialty. For this reason, it is important to have a diversity of representatives ranging from OB/GYN to general surgery to family medicine. There was discussion as to whether all of the physicians should be practicing or if physicians serving in an administrative capacity with expertise in quality metrics were needed. It was suggested that technical expertise did not equal clinical relevance and that practicing physicians are in the best position to judge clinical relevance. It was also suggested that it would be impossible to have comprehensive representation and that an appropriate rationale to expand was needed.

The state agency participants said they were willing to support the physician recommendation but felt it was critical that state agency representatives not be made ex-officio. Given the amount of

work they expected to put into the process, they were uncomfortable with the idea of not having a vote. Others expressed discomfort with the idea of state agency representatives being non-voting members. It was requested that the vote on state representatives and physicians be handled through separate motions.

Motion to retain state representatives as voting members on the Quality Council – Patricia Baker; seconded by Patrick Charmel.

Vote: 4 in favor; 1 opposed.

Motion to include three additional physician representatives on the Quality Council – Robert McLean; seconded by Suzanne Lagarde.

It was noted that approval of this motion would expand the total number of members of the Quality Council to 21 and increase the practicing physician representation from three members to six.

Vote: 4 in favor; 1 opposed.

It was asked whether the subcommittee should weigh in on a behavioral health provider. It was recommended that the Department of Mental Health and Addiction Services' representative convene a group of behavioral health providers to provide feedback to the council in lieu of a behavioral health provider representative. No motion was made to add a behavioral health provider representative.

Although there was no recommendation regarding a change in consumer/advocate representation on the Quality Council, there was discussion on the nature of the input that consumer/advocate representatives could provide. The total number of consumers (four) represents a fraction of the total workgroup. It was suggested that consumers could provide valuable input on care experience measures and other areas as well.

The subcommittee discussed whether they should deliberate on the Consumer Advisory Board's recommendation to add two additional consumers to the Practice Transformation Taskforce. The subcommittee's original charge was to look at provider representation. The subcommittee decided to discuss the recommendation.

Motion to approve Recommendation #1 – Practice Transformation Taskforce, which proposes to increase consumer/advocate representation – Patricia Baker; seconded by Patrick Charmel.

It was asked why the Consumer Advisory Board requested there be as many consumers on the taskforce as there were doctors. There was a concern that the number of candidates proposed would not bring meaningful input to the taskforce's work. The Consumer Advisory Board decided that they had six very strong candidates who represented diverse view points and were engaged on a state and national level. Several committee members said they supported the recommendation, especially in light of the decision to expand physician representation on the Quality Council.

Vote: 4 in favor; 1 opposed.

Motion to approve Recommendation # 2 – Equity and Access Council as written – Patricia Baker; seconded by Suzanne Lagarde.

This recommendation proposes to fill the hospital vacancy with a physician (due to a lack of hospital applicants); fill the Medicare vacancy with the State Healthcare Advocate (Vicki Veltri) and ask that she serve as co-chair, and add a Consumer Advisory Board member as an ex-officio member. There was no further discussion.

All voted in favor.

Review of workgroup expertise and need for additional subject matter support

It was suggested that the subcommittee refer the consideration of subject matter expertise to the program management office, rather than taking on this question itself. The program management office could then bring recommendations to the steering committee.

Motion to defer the search for workgroup subject matter expertise to the program management office – Patricia Baker; seconded by Suzanne Lagarde.

There was no discussion.

All voted in favor.

Provider representative nominations

The subcommittee had no interest in changing the provider nominations and continues to support the slate approved at the March 19, 2014 meeting.

Plan for April 24, 2014 Steering Committee meeting

The plan is to recommend that the Steering Committee accept the Personnel Subcommittee's recommendations. The recommendations on composition will be reviewed and voted on, followed by a vote on the recommended work group nominees.

The meeting adjourned at 6:48 p.m.